



# RENEWAL BUSINESS TAX RETURN

CITY OF SAVANNAH – REVENUE DEPARTMENT

(912)651-6445

P O Box 1228

Savannah GA 31402-1228

Account No:		Calendar Year: 201)	Classification:
Class Type:	Tax Type:	NAICS No:	
Location:		PIN:	

Completed Application and Full Payment is Due **January 31, 201)** .  
(ALL FIELDS MUST BE COMPLETED)

1. Date Return Filed:		2. Date Business Closed: (if final return)	
3. Business Location:			
4. Business Phone:		Fax #:	E-mail Address:
5. Business Name if Other Than Printed Above:			
6. Owner's Name:			
7. Owners Home Address:			
8. Owner's Home Phone:		Owner's Cell Phone:	
9. Name of Additional Business Owner(s):			
10. GA Sale Tax #	FED ID #:		
11. Enter the 201( Actual Gross Receipts :	Enter Tax from Schedule (see reverse side): \$		
Add Regulatory Fee (If Any)			\$
Past Due Balance			\$
Please see instructions included to calculate additional due if paid after late fees have accrued.			\$
E-Verify number (4 to 6 digits)	Total Paid	\$	

**12.** DESCRIBE HOW YOU DETERMINED THE GROSS RECEIPTS ENTERED ON LINE 11. SHOW THE AMOUNT OF ANY EXCLUSIONS YOU TOOK AND EXPLAIN THE BASIS FOR THE EXCLUSION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

**13.** YOU MAY ELECT TO PAY \$400.00 PER PRACTITIONER IN LIEU OF REPORTING AND PAYING A TAX ON GROSS RECEIPTS. IF YOU ARE ELIGIBLE, AND IF YOU AND ALL MEMBERS OF YOUR FIRM ELECT TO PAY THE FLAT PER PRACTITIONER RATE THIS YEAR, CHECK THE BOX BELOW AND SUBMIT THE \$400 PER PRACTITIONER FEE.

☐ I ELECT TO PAY \$400 PER PRACTITIONER IN MY FIRM IN LIEU OF REPORTING GROSS RECEIPTS. **NUMBER OF PRACTITIONERS** \_\_\_\_\_

I HEREBY REGISTER THE HEREIN NAMED BUSINESS TO OPERATE WITHIN THE CITY OF SAVANNAH, AND CERTIFY THAT I AM THE PERSON AUTHORIZED BY THIS BUSINESS TO FILE THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS.I FURTHER CERTIFY THAT ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE.

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## BUSINESS TAX SCHEDULE BY PROFITABILITY CLASS

GROSS RECEIPTS BRACKET		A	B	C	D	E	F
Base Rate		*0.00069*	*0.00079*	*0.00089*	*0.00099*	*0.00109*	*0.00119*
Bracket	Range in Dollars						
1	\$1 – 30,000 *	\$85	\$87	\$88	\$90	\$91	\$93
2	30,001 – 100,000 *	119	125	131	137	144	150
3	100,001 – 200,000 *	172	186	200	215	229	243
4	200,001 – 300,000 *	232	255	277	300	323	346
5	300,001 – 500,000 *	318	353	388	423	459	494
6	500,001 – 750,000 *	442	495	548	601	654	707
7	750,001 – 1,000,000 *	570	642	715	785	857	929
8	1,000,001 – 2,000,000 *	893	1,011	1,130	1,248	1,367	1,485
9	2,000,001 – 3,000,000 *	1,386	1,576	1,766	1,956	2,146	2,336
10	3,000,001 – 4,000,000 *	1,838	2,093	2,349	2,604	2,860	3,115
11	4,000,001 – 5,000,000 *	2,249	2,564	2,879	3,194	3,509	3,824
12	5,000,001 – 6,000,000 *	2,618	2,986	3,355	3,723	4,092	4,460
13	6,000,001 – 8,000,000 *	3,166	3,614	4,062	4,510	4,958	5,406
14	8,000,001 – 10,000,000 *	3,863	4,412	4,961	5,510	6,059	6,608
15	10,000,001 – 15,000,000 *	4,991	5,704	6,416	7,129	7,841	8,554
16	15,000,001 – 20,000,000 *	6,400	7,402	8,330	9,257	10,185	11,112
17	20,000,001 – 25,000,000 *	7,607	8,785	9,887	10,990	12,092	13,195
18	25,000,001 – 30,000,000 *	8,539	9,851	11,089	12,326	13,564	14,801
19	30,000,001 – 40,000,000 *	9,902	11,412	12,847	14,282	15,717	17,152
20	40,000,001 – 50,000,000 *	11,489	13,229	14,894	16,559	18,224	19,889
21	50,000,001 – and over *	12,524	14,414	16,229	18,044	19,859	21,674

Revised Jan. 2014

# AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

(Please sign the document only in the presence of the Notary Public)



By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Savannah, GA  
(Check one) ( ) **Business Tax Certificate**, ( ) **Alcohol License**, or ( ) **Bar Card** for

\_\_\_\_\_  
(Print name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

\_\_\_\_\_ I am a United States citizen **OR** (SEE ACCEPTABLE DOCUMENTS BELOW)

\_\_\_\_\_ I am a legal permanent resident 18 years or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration Act 18 years of age or older and lawfully present in the United States.\*

\_\_\_\_\_ Alien Registration number for non-citizens

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

In making the above representation under oath, I understand that any person who knowingly and willingly makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20.

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_ DAY OF \_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Seal

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.

## LISTS OF ACCEPTABLE DOCUMENTS

All Documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Document that Establish  
Identity

### LIST C

Document that Establish  
Employment Authorization

OR

AND

1. **U.S. Passport** or U.S. Passport Card

2. **Permanent Resident Card** or Alien Registration Receipt Card (Form I-551)

3. **Foreign passport** that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-reliable immigrant visa

4. **Employee Authorization Document** that contains a photograph (Form I-766)

5. **Passport from the Federated States of Micronesia (FSM) or the Republic of Marshall Island (RMI)** with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

1. **Drivers License or ID card** issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.

2. **ID card** issued by a federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address.

3. **Voter's registration** card

4. **U.S. Military ID** card

5. **Military Dependant ID** card

6. **U.S. Coast Guard Merchant Mariner** card

7. **Native American** tribal document

8. **Driver's license** issued by a Canadian government authority

1. **Social Security Account Number card** other than one that specifies on the face that the issuance of the card does not authorize employment in the United States

2. **Certification of Birth Abroad** issued by the Department of State (Form FS-545)

3. **Certification of Report of Birth** issued by the Department of State (Form DS-1350)

4. **Original or certified copy of birth certificate** issued by a State, county, municipal authority, or territory of the United States bearing an official seal

5. **Native American** tribal document

6. **U.S. Citizen ID Card** (Form I-197)

7. **Identification Card** for Use of Resident Citizen in the United States (Form I-179)

8. **Employment Authorization document** issued by the Department of Homeland Security



**Private Employer E-Verify Affidavit**  
**\*\* THIS FORM IS REQUIRED BY STATE LAW \*\***

Account #: \_\_\_\_\_

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*business license, occupational tax certificate, or other document required to operate a business*] as  
referenced in O.C.G.A. § 36-60-6, from the CITY OF SAVANNAH, the undersigned applicant representing the  
private employer known as \_\_\_\_\_ [printed name of private  
employer – individual, firm or corporation] verifies one of the following with respect to my application for the  
above mentioned business document:

The individual, firm, or corporation employs the following number of employees: (Select A or B)

(A) \_\_\_\_\_ **11 or more employees**  
*You must provide the following information in order to receive a 2013 occupational  
tax certificate.*

\_\_\_\_\_  
Federal Work Authorization User Identification Number      Date of Authorization

(B) \_\_\_\_\_ **10 or fewer employees – automatically exempt from participation in E-Verify  
program.**

Furthermore, I, as the applicant, affirmatively state that the employer has registered with and utilizes the  
federal work authorization program in accordance with the applicable provisions and deadlines established in  
O.C.G.A. § 36-60-6.

In making the above representation under oath, I understand that any person who knowingly and willfully  
makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation  
of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute. Executed on the \_\_\_\_ date of  
\_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



## 2015 BUSINESS SURVEY

### TELL US ABOUT YOUR BUSINESS.....

NAME OF COMPANY	CONTACT PERSON (FIRST/LAST NAME)	CONTACT PERSON'S TITLE
MAILING ADDRESS (Street, City, State, Zip)	PHYSICAL ADDRESS (Street, City, State, Zip)	BUSINESS PHONE #:
CONTACT PERSON'S EMAIL ADDRESS:		COMPANY WEBSITE:

**1. Please indicate your firm's business sector.**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Retail            | <input type="checkbox"/> Wholesale/Supply      | <input type="checkbox"/> Leisure/Hospitality         | <input type="checkbox"/> Manufacturing    |
| <input type="checkbox"/> Construction      | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Restaurant/Bar/Food Service | <input type="checkbox"/> Health/Education |
| <input type="checkbox"/> Finance/Insurance | <input type="checkbox"/> Agriculture/Fishing   | <input type="checkbox"/> Technical/Technology Based  |   |

**2. Please indicate your business's legal structure.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> S Corporation       | <input type="checkbox"/> P Corporation |  |

**3. Is your business associated with a franchise?** ☐ YES ☐ NO

**4. Please indicate your type of business (MBE-Minority-Owned Business / WBE-Woman-Owned Business).**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Non-M/WBE Firm | <input type="checkbox"/> WBE (Caucasian Woman Owned) | <input type="checkbox"/> MBE (Minority Owned) |
|---|--|---|

**5. How long have you been in business?**

- |   |  |                                       |  |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 to 3 years  | <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> 5 to 10 years |
| <input type="checkbox"/> 10 to 20 years   | <input type="checkbox"/> 20 plus years |                                       |  |

**6. How many fulltime employees does your business employ, excluding owners and spouses?**

- |                                 |                                  |                                  |   |                                |
|---------------------------------|----------------------------------|----------------------------------|---|--------------------------------|
| <input type="checkbox"/> 1      | <input type="checkbox"/> 2-5     | <input type="checkbox"/> 6-10    | <input type="checkbox"/> 11-20            | <input type="checkbox"/> 21-50 |
| <input type="checkbox"/> 51-100 | <input type="checkbox"/> 101-200 | <input type="checkbox"/> 201-500 | <input type="checkbox"/> Greater than 501 |                                |

**7. Are you a member of a local business association or local chamber?** ☐ YES ☐ NO

If so, which association and/or chamber? \_\_\_\_\_.

**8. Check the appropriate box indicating your (gross) business income last year.**

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Less than \$50,000 | <input type="checkbox"/> \$50,000 - \$100,000 | <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$500,001 - \$2,000,000 | <input type="checkbox"/> Greater than \$2,000,000 |
|---|---|--|--|---|

**9. Did your business's gross receipts increase or decrease last year?** ☐ Increased ☐ Decreased

**10. Do you plan to expand your business operations in the next 2 to 4 years?** ☐ YES ☐ NO

**11. Please indicate your involvement or interest in international business.**

- |   |
|---|
| <input type="checkbox"/> Currently import or export internationally       |
| <input type="checkbox"/> Interested in expanding to international markets |
| <input type="checkbox"/> No interest in international markets, currently  |

### TELL US HOW YOU FEEL ABOUT SAVANNAH'S BUSINESS CLIMATE...

**12. How would you rate Savannah as a place to do business?**

- |                                    |                               |                                   |                               |                                     |
|------------------------------------|-------------------------------|-----------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Moderate | <input type="checkbox"/> Poor | <input type="checkbox"/> No opinion |
|------------------------------------|-------------------------------|-----------------------------------|-------------------------------|-------------------------------------|

**13. How has the Savannah business climate changed as a place to conduct business within the last five years?**

- |                                 |                                |                                    |                                   |   |
|---------------------------------|--------------------------------|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Better | <input type="checkbox"/> Worse | <input type="checkbox"/> Unchanged | <input type="checkbox"/> Not Sure | <input type="checkbox"/> Both, Better and Worse |
|---------------------------------|--------------------------------|------------------------------------|-----------------------------------|---|

**14. How do you view the local government's (City of Savannah) support for local business?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Very Supportive       | <input type="checkbox"/> Somewhat supportive | <input type="checkbox"/> Neither Supportive or Unsupportive |
| <input type="checkbox"/> Somewhat unsupportive | <input type="checkbox"/> Very Unsupportive   |   |

**15. What are the top three (3) things that make Savannah an attractive place to own and operate a business?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Tax Structure          | <input type="checkbox"/> Availability of technology          | <input type="checkbox"/> Availability of land                |
| <input type="checkbox"/> Labor pool             | <input type="checkbox"/> Educational system                  | <input type="checkbox"/> Housing market/availability         |
| <input type="checkbox"/> Access to medical care | <input type="checkbox"/> Well trained labor force            | <input type="checkbox"/> County government                   |
| <input type="checkbox"/> Quality of life        | <input type="checkbox"/> Permitting Process for development  | <input type="checkbox"/> Permitting (in starting a business) |
| <input type="checkbox"/> Business incentives    | <input type="checkbox"/> Cultural diversity of the community | <input type="checkbox"/> Business clusters                   |
| <input type="checkbox"/> Transportation system  | <input type="checkbox"/> Natural environment                 | <input type="checkbox"/> Consumer spending levels            |

**16. What are the top three (3) things that detract from owning and operating a business in Savannah?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Tax Structure          | <input type="checkbox"/> Availability of technology          | <input type="checkbox"/> Availability of land                |
| <input type="checkbox"/> Labor pool             | <input type="checkbox"/> Educational system                  | <input type="checkbox"/> Housing market/availability         |
| <input type="checkbox"/> Access to medical care | <input type="checkbox"/> Well trained labor force            | <input type="checkbox"/> County government                   |
| <input type="checkbox"/> Quality of life        | <input type="checkbox"/> Permitting Process for development  | <input type="checkbox"/> Permitting (in starting a business) |
| <input type="checkbox"/> Business incentives    | <input type="checkbox"/> Cultural diversity of the community | <input type="checkbox"/> Business clusters                   |
| <input type="checkbox"/> Transportation system  | <input type="checkbox"/> Natural environment                 | <input type="checkbox"/> Consumer spending levels            |

**17. What are the top needs for your business to be successful? Check all that apply.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Access to capital         | <input type="checkbox"/> Business research assistance            | <input type="checkbox"/> Availability of land/space          |
| <input type="checkbox"/> Infrastructure            | <input type="checkbox"/> Land/facility identification            | <input type="checkbox"/> Streamlined permitting processes    |
| <input type="checkbox"/> Low taxes (local)         | <input type="checkbox"/> Business to business networking         | <input type="checkbox"/> Permitting (in starting a business) |
| <input type="checkbox"/> Employee training         | <input type="checkbox"/> Local market economic information       | <input type="checkbox"/> No assistance needed                |
| <input type="checkbox"/> Employee retention        | <input type="checkbox"/> Global business expansion/opportunities | <input type="checkbox"/> Not sure what I need .....          |
| <input type="checkbox"/> Financial support options | <input type="checkbox"/> Affordable healthcare options           | <input type="checkbox"/> Other _____                         |

**18. What training would assist you with starting, maintaining or expanding your business? Check all that apply.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Business finance      | <input type="checkbox"/> Human resources            | <input type="checkbox"/> IRS and taxes                   |
| <input type="checkbox"/> Insurance and bonding | <input type="checkbox"/> Payroll and bookkeeping    | <input type="checkbox"/> Bidding process                 |
| <input type="checkbox"/> Real estate           | <input type="checkbox"/> Business plans             | <input type="checkbox"/> Credit counseling               |
| <input type="checkbox"/> Licensing and zoning  | <input type="checkbox"/> Pricing goods and services | <input type="checkbox"/> Certifications (i.e. GDOT, SBA) |
| <input type="checkbox"/> Technology            | <input type="checkbox"/> Marketing and promotions   | <input type="checkbox"/> Other _____                     |

**19. Would you like the Economic Development Department to contact you regarding available services and business incentives?**

- ☐ YES (someone will contact you)      ☐ NO

**20. Please use the space below to provide additional feedback that will help the City of Savannah to better assist you.**

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**FOR MORE INFORMATION ABOUT BUSINESS SERVICES AND INCENTIVES  
THAT MAY BE AVAILABLE THROUGH THE CITY OF SAVANNAH**

Please contact the City of Savannah's Economic Development Department at 912-651-3653  
or email [sanderson@savannahga.gov](mailto:sanderson@savannahga.gov).

**Thank you for participating in our annual survey.**